

State of New Hampshire

CODE OF ETHICS

The following Code of Ethics shall govern the conduct of all Executive Branch employees and officials.

I. Declaration of Policy

It is hereby declared to be the policy of the state that no public official or employee of a state agency shall have any interest, financial or otherwise, direct or indirect, engage in any business transaction or professional activity, or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties. To implement this policy and to enhance the faith and confidence of the people of the state in their government, this code of ethics sets forth standards of conduct required of officials and employees of the Executive Branch in the performance of their official duties.

It is declared to be the policy of the state that public officials and employees are bound to perform their duties efficiently and faithfully under the laws of the state of New Hampshire. Such officials and employees are bound to observe the highest standards of ethics consistent with this code regardless of personal considerations, recognizing that promoting the public interest and maintaining the respect of the people in their government must be of foremost concern.

II. Definitions

As used herein:

- a. "State Agency" shall mean an executive branch agency, department, division, board, commission or entity of the executive branch.
- b. "Public Official" shall mean a commissioned, an unclassified or a nonclassified executive branch employee but shall not include any commissioned, unclassified, or nonclassified elected by the legislature.
- c. "Public Employee" shall mean a classified employee of a state agency.
- d. "Conflict of Interest" shall mean a situation, circumstance, or financial interest which has the potential to cause a private interest to interfere with the proper exercise of a public duty.

III. Conflict of Interest

Public employees and public officials shall avoid conflicts of interest or the appearance of a conflict of interest. Public employees and public officials shall not

participate in any matter in which they, or their spouse or dependents, have a private interest which may directly or indirectly affect or influence the performance of their duties.

IV. Misuse of Position

No public official and no public employee shall disclose or use confidential or privileged information for personal benefit or for financial gain. Public officials and public employees shall not use their positions with the government to secure privileges or advantages for themselves, which are not generally available to governmental employees, or to secure governmental privileges or advantages for others.

V. Acceptance of Campaign Contributions

A public official or a public employee who is candidate for an elective office that is not subject to the reporting requirements of RSA 664 and who accepts a financial contribution or other form of political contribution from an entity which is or is likely to become subject to that public official's or public employee's duties shall make a disclosure of such contributions in writing on the form appended hereto, within five (5) days of receipt of such contributions, to the Secretary of State.

VI. Acceptance and Giving of Gifts

No public employee, no public official, and no public employee's or public official's spouse or dependents, shall give, solicit, accept or agree to accept a gift from a person who is subject to or likely to become subject to or interested in, any matter or action pending before or contemplated by the public employee or official or by the governmental body with which that employee or official is affiliated. Nothing in this section shall be construed to prohibit gifts made to the state of New Hampshire and accepted in accordance with the law.

VII. Post Employment Restrictions

For one year after leaving office or employment with the state, a public official shall not appear as a lobbyist or as a paid advocate on behalf of any matter over which that official had personal and direct responsibility while in state government.

VIII. Supplemental State Agency Ethical Codes

In addition to this Code, each state agency may promulgate a supplemental ethics code to address issues specific to that agency. In the event of a conflict, the provisions of this Code shall supersede the agency code. To the extent that this Code or an ethics code adopted by a state agency shall apply to classified employees, this Code, or an agency code, shall be interpreted to be consistent with the provisions of the classified employees' collective bargaining agreement.

IX. Financial Disclosure

To ensure that the performance of official duties does not give rise to a conflict of interest or the appearance of a conflict of interest, the following public officials shall file with the Secretary of State a statement of financial disclosure that conforms to the requirements of the form appended hereto: a) all agency heads, and b) any public official designated, due to the responsibilities of the position, by the agency head. The agency head shall file with the Secretary of State an organizational chart identifying the names, titles and position numbers of officials required to file a statement of financial disclosure.

The statement of financial disclosure and organizational chart shall be filed within thirty days of the effective date of this order. Thereafter, revised statements of financial disclosure and organizational charts shall be filed immediately upon any change of status. New agency heads shall file a statement of financial disclosure no later than the first day of service.

Statements of financial disclosure and organizational charts filed with the Secretary of State shall be public documents.



**STATE OF NEW HAMPSHIRE
EXECUTIVE BRANCH - CODE OF ETHICS
STATEMENT OF FINANCIAL
DISCLOSURE**

GENERAL INSTRUCTIONS

1. Please type or print all information.
2. If additional pages are needed to complete the Statement of Financial Disclosure, please attach those sheets to the statement and label with the corresponding number.
3. Statement of Financial Disclosure must be filed with the Secretary of State within 30 days of the effective date of this Code of Ethics. Statements must have original signatures. In the event of a change of status, a new financial disclosure form must be filed.

1. Name _____
2. Office Held _____
3. Home Telephone _____ Business Telephone _____
4. Mailing Address _____
Street or PO Box City Zip
5. Term of Office _____

6. Disclose each source of your income or your spouse's income which totals more than \$5,000 per year. You are not required to disclose the names of individual clients or patients or the dollar amount of the income received. The general source such as "professional service" must be disclosed.

SOURCE

PAYMENT TO WHOM

_____	_____
_____	_____
_____	_____

(Attach additional sheets if necessary)

7. Disclose the specific location and particular use of any real estate, other than owner occupied residential, in which you or your spouse has a legal or beneficial interest and which has a fair market value of \$2,500 or more, and which is located in this state or any adjacent state.

SPECIFIC LOCATION

(Provide street address or legal description.)

NATURE OF USE(S)

(Unimproved vacant land, agricultural land, rental, commercial building, apartments, single family, etc.)

_____	_____
_____	_____
_____	_____

(Attach additional sheets if necessary)

8. Disclose the name of each creditor to whom you or your spouse owes \$5,000 or more. You are not required to disclose a personal mortgage debt, a personal car loan or a personal educational loan.

DEBTOR

CREDITOR

_____	_____
_____	_____
_____	_____

(Attach additional sheets if necessary)

9. List each business entity in which you or your spouse or a member of your household is involved in as a trustee, beneficiary or a trust, director, officer, owner, (whole or in part), limited or general partner or holder of any class of stock or security representing one (1) percent or more of the total outstanding stock or securities issued by the business entity.

HELD BY

BUSINESS ENTITY

_____	_____
_____	_____
_____	_____

(Attach additional sheets if necessary)

I DECLARE THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE, CORRECT AND COMPLETE. (RSA 641:3)

_____ **DATE** _____ **SIGNATURE**